



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09505810

|  |  | (C                              | (Column 1)   |                                  | (Column 2)       |              | LL I       | ENTITY                 | OR  | OTHER<br>SMALL          |                        |
|--|--|---------------------------------|--------------|----------------------------------|------------------|--------------|------------|------------------------|-----|-------------------------|------------------------|
| FOR  |  |                                 | R FILED      | NUMBER                           | NUMBER EXTRA     |              | Ε          | FEE                    |     | RATE                    | FEE                    |
| ВА   | SIC FEE  |                                 | ad Willer    |                                  |                  |              |            | 345.00                 | OR  | * *                     | 690.00                 |
| TO   | TAL CLAIMS                                     | 63                              | minus 20     |                                  | 43               |              | 9=         |                        | OR  | X\$18≃                  | 174                    |
| IND  | EPENDENT CL                                    | aims 13                         | minus 3      | = 1 16                           | . 16             |              | )=         |                        | OR  | X78=                    | 700                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                 |              |                                  |                  | +130         |            |                        |     | .000                    | 0, 2                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |              |                                  |                  |              |            |                        | OR  | +260=                   | 260                    |
| CLAIMS AS AMENDED - PART II  |  |                                 |              |                                  |                  |              | AL         |                        | OR  | TOTAL                   | <b>45</b> 84           |
| (Column 1) (Column 2) (Column 3)   |  |                                 |              |                                  |                  | SMALL ENTITY |            |                        | OR  | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS                          |              | HIGHEST                          | 1                | 1            |            | ADDI-                  | 1 1 |                         | ADDI                   |
|  |  | REMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT          | E          | TIONAL<br>FEE          |     | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 83                            | Minus        | -63                              | =20              | X\$ 9        | 9=         |                        | OR  | X\$18=                  | 990                    |
| AME  | Independent.                                   | 13                              | Minus        | /3                               | -0               | X39          | )=         |                        | OR  | X78=                    |                        |
|  | FIRST PRESE                                    | NTATION OF M                    | JLTIPLE DEPE | NDENT CLAIM                      |                  | +130         | )=         |                        |     | +260=                   |                        |
|  |  |                                 |              |                                  |                  |              | TAL        |                        | OR  | TOTAL                   | CVAS                   |
| (Oaluman 4)  |  |                                 |              |                                  |                  |              | FEE        |                        | OR  | ADDIT. FEE              | 7.90                   |
| _  |  | (Column 1)<br>CLAIMS            | 7            | (Column 2) HIGHEST               | (Column 3)       |              |            |                        |     |                         | <u>'</u> 4             |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT | *            | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT          | Έ          | ADDI-<br>TIONAL<br>FEE |     | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus        | **                               | = .              | X\$ 9        | )=         |                        | OR  | X\$18=                  |                        |
|  | Independent                                    | *                               | Minus        | ***                              | =                | X39          | _          |                        | OR  | X78=                    |                        |
| Ĺ  | FIRST PRESE                                    | NTATION OF M                    | ULTIPLE DEPE | NDENT CLAIM                      |                  |              |            |                        |     |                         |                        |
|  |  |                                 |              |                                  |                  |              | )=<br>TAL  |                        | OR  | +260=                   |                        |
| ·  |  |                                 |              |                                  |                  | ADDIT.       | TAL<br>FEE |                        | OR  | TOTAL<br>ADDIT. FEE     |                        |
|  |  | (Column 1)                      |              | (Column 2)                       | (Column 3)       |              |            |                        |     |                         |                        |
| AMENDMENT C  |  | CLAIMS                          |              | HIGHEST                          |                  |              | $\neg$     | ADDI-                  | 1   |                         | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT          | E          | TIONAL<br>FEE          |     | RATE                    | TIONAL<br>FEE          |
|  | Total  | *                               | Minus        | **                               | =                | X\$ 9        | )= ·       | 7 to be                | OR  | X\$18=                  | <u> </u>               |
|  | Independent                                    | *                               | Minus        | ***                              | =                | X39          | $\dashv$   |                        |     | X78=                    |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |              |                                  |                  | 7.59         |            |                        | OR  |                         |                        |
|  | 16 Ab  | 4 i_ l 4t                       |              | - 0                              |                  | +130         | )=         |                        | OR  | +260=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                 |              |                                  |                  |              |            |                        |     |                         |                        |